of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4469
1. PLACE OF DEATH	93-0
County Marcesles	Registration Dist. No. 3 1 2
Village or City Oberlin and	NoSt Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) day How long in U.S. if ol foreign birth?
2. FULL NAME / Cate Rayne	akus Veteran, specify WAR
(a) Residence: No. Bellin md	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the, word)	21. DATE OF DEATH 1st 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Configure M. adhing	22. I HEREBY GERTIFY, That lattended deceased from
11 10 4 111-	I last saw here alive on Africal 1936; death is said
6. DATE OF BIRTH (modul, day, and year) Wee, / 862 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30/Lm.
#1 2 3 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Settingering (agreeable 4)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	Stytures
10. Date deceased last worked at this occupation (month and 1936 spent in this occupation occupation	
med.	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	My Supradder .
13. NAME John M. Rayne	- Committee of the comm
13. NAME / hw M. / Rayne 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Lawred Was there an autopsy?
15. MAIDEN NAME Joseph Carman	23. Il death was due to external causes (VIOLENCE) fill in also the lollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT ON DUNCHAGE (Address) Bulling 2011	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place Osellia Mg Date Upw. 3, 1934	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED apr 3, 19 36 IV Muniford	(Signed) Hanke Recurs M. D. (Address) Hellung M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	ţi	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	district of the state of the st		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Jain .	×	1		
Division in	A PERMANENT	ated EXACTL	operly classified.	tificate.	
4	IS	St	pr	cer	
1	HIS	be	be	Jo	
District and I district the state of the sta	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT I	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. If	TION is very important. See instructions on back of certificate.	
	ż		1.	1	1
	F			10.	

xact statement of OCCUPA-

-,2	F DEATH			(31)	V.	. 7.	51.
County	W N.	·/			Registration	Dist. No.	0.7
Village or C	city //www.	2	(II	Nodeath occurred in a hospital or instit	tution give its NAM	St.,	W
Length of resi	idence in city or town where	deeth occurred		ds. How long In U.S. if			
FULL NA	ME Melson	1 Cina	froms!			no	
(a) Residen				St. Ward.	, specify war.		
(a) Nesiden	ice. No	(Usual place	of abode)	Su,	If nonresident	give city or town	and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL C	CERTIFICATE	OF DEATH	
EX	4. COLOR OF RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	hail	12	1-
ale	Col	wido	mas	- uj	(Month)	(Dey)	, 193 (Yeer)
If merried, widow HUSBAND of	ved, or divorced	11.	/				
(or) WIFE of	Horse	Know	w-	22. I HEREB	YCERTIF		
		a de	-1878	Llost saw h		10	
GE Yee	(month, day, end yeer)	Days	If LESS then	I lest sew h elive on	tod show at \$3		; death is
100	Months	Days	1 dey,hrs.	to have occurred on the date ste The PRINCIPAL CAUSE OF DEA		A LM.	
0	8		ormin.	were es follows:	000	-O -	Date of o
kind of	ssion, or perticuler work done, es SPINNER, BOOKKEEPER, etc.	Harrier	/	no socioni	u uce	udall	2
				for wo un	autes	- auco	flee
work we	business in which is done, es SILK MILL, LL, BANK, etc	Harm		are lieses	allend	sug A	24/3
10 Date deser-	and book constant of	11. Totel ti	me (years)	audrews l	lieu F	cad Cu	you
year)	petion (month and 19		ntin this petion	Trigues a	useas		
BIRTHPLACE (ci	flore	Krim		Other Contributory Causes of im-	portance:		
(Stete or cou		_					
13, NAME	blood	- Karm					
	71	-					
	E (city or town)	and the	7	Name of operation			
15. MAIDEN NA	111-	A K		Whet test confirmed diegnosis?			
20. MAIDEN NA	neon	1 m	ow	23. If deeth wes due to externel co			
	E (city or town)	nknan	73	Accident, suicide, or homicide?		Dete of injury	, 19
(Siele of	r country)	10	1	Where did injury occur?	(Specify city or	town, county and	State)
NFORMANT	sous M	can		Specify whether injury occurred	in INDUSTRY, in HO	OME, or in PUBLIC	PLACE.
(Address)	TION, OR REMOVAL	my L					
Plece P	martiall m	Dete Chri	L. 10,1936	Menner of Injury			
Pieces de la se	71	Dete	~ 1U., 19U.	Neture of Injury			
UNDERTAKER	Learne &	13	red	24. Wes diseese or injury in eny	wey releted to occup	etion of deceased?.	
(Address)	Brow 21.	ell ma		If so, specify	9	1 10	AA
FILED 4/1	0/ 1936 8	Par Se	with.	(Signed) XECO	4 such	en, x.	Kag F
* * * * * * * * * * * * * * * * * * *		manufacture of the same		[()	1 461. 1) 1)	201	/

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E	cample I	0 1/0	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	111/4 # 120A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	W.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	A CONTRACTOR OF THE CONTRACTOR	July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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	n of	pluo
	iter	sh
	Every	CIANS
	RECORD.	PHYSI
מזוות	ANENT	CTLY
TATE	PERM.	EXA
FOI	IS A	stated
1	HIS	pe
7 4 7 7 7 7	VK-T	plnous
PER	ING IN	AGE
MANGIN RESERVED FOR DINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
	WITH,	refully
	Y.	e ca
	PLAIR	q plno
)	-WRITE	nation sh
	B.—	-
	ż	

Exact statement of OCCUPA-

properly classified.

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CAUSE OF DEATH in plain terms, so that it may IION is very important. See instructions on back

of certificate.

STATE OF MADVI AND CEDTIFICATE OF DEATH

4	DI ACE OF			I MAK	I LAND—	CERTIFICAT	E OF DEA	П	4
1	. PLACE OF			and to	NIN CORFGAN	(105)	, X	R	0
	County_//						Registration D	ist. No.	
	Village or Ci	ty	ncomoke.	CITY	(lf	death occurred in a hospital or	institution, give its NAME.	instead of street and	number)
	Length of resid	ence In ci	ty or town where d	leath occurred		ds. How long in U.			
2	FULL NAM	ME_E	nma F.B	arnes		If U. S. Vet	eran, specify WAR		
	(a) Residence	e: No		(Usual place	of abode)	St., Ward.	If nonresident g	ive city or town and	State
	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICA	L CERTIFICATE	OF DEATH	
3. S	emale		R OR RACE		RIED, WIDOWED, O (write the word)	Pocomoke Ci		6th.	, 193 6 (Yeer)
5a.	If married, widowe HUSBAND of (or) WIFE of		rced is J.Ba	rnes		22. AL HERE	BY CERTIFY	. Thet I_attended	deceased from
	OATE OF BIRTH (1	b.11th.1	846.	I last saw h	THE RESERVE AND PROPERTY AND PR	6 ,1934	; death is said
7. A			Months	Oays	If LESS than 1 dey,hrs.	to have occurred on the det			
	9 (8. Trede, profes		-tioutes	26	ormin.	were es follows:	Cet is ou		Oate of onset
NO	kind of w	ork done, Rookkee	es SPINNER, H	ovsewife		Cana	_		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc HOUSEWISE 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		1 se	adden Co	camps	4/636				
ÿ.	10. Date decease this occup year)	d last wor ation (mo	ked et Apri nth and 1936	l 11. Total ti sper occu	me (yeers) It in this Life pation	a Streptocorcie	0 7	e langue	w.3.57.
12.	B1RTHPLACE (city (Stete or coun	y or town) try)	Somerse Mary	t County	7	Other Contributory Causes of	Transfer	nie	4/336
ER	13. NAME Bel	njam	in Lank	ford		Reamfo	r (non-dipother	itic).	1/1.00.4.35
FATHER	14. BIRTHPLACE (State or		WII)	ester Co aryland	unty	Name of operation	sis? Plumin	Dete of	autopsy?
ER	15. MAIOEN NAM	ME Mai	y Gibbe	ons		23. If deeth was due to exter			
MOTHER	16. BIRTHPLACE (Stete or			ester Co	unty		de?D		
17.	INFORMANT III.		2 0 4 1	.Barnes	nd.	Specify whether injury occu		own, county and Stat ME, or in PUBLIC PL	
18.	BURIAL CREMATI	eter cess	EMOVAL Anne	J-Detg/1-DIL .	8th.,1936	Menner of injury			
19.	UNOERTAKER	en	ron 1	Stee	euso	24. Wes disease or injury in	any way releted to occupat	tion of deceesed?	no
20.	FILED HAND	8	1936, for	Im T. K	ley Kegistrar.	(Signed) (Address)	Jime,	2 Z	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-io	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
inf	sts UP	1. PLACE OF DEATH	(2/3-2)
Jo	OCC	County Nagal sell GAITHING ORPO	Registration Dist. No. 350
tem	should occ	Village or City Cocces for terry	No. St., relation of death occurred in a hospital or institution, give its NAME instead of street and number)
Ly.	nt nt	Length of residence in city of town where death occurred year mos	
Eve	ement	2. FULL NAME Welleamy Bloc	Leave Ku S. Veteran, specify WAR
9	SIC	(a) Residence: No.	St., Ward.
É	PHY ict si	(Usual place of abode)	If nonresident give city or town and State
REC	Cac	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT R	LY.	Mole White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day) (Ya
ANE	A C T ssifted	5e. If married, widowad, or divorced HUSBAND of (or) WIFE of (or) WIFE of	72. I HEREBY CERTIFY, That I attanded deceased
RM	cla .	0.12. 2 1990	last saw im Dead April 9. 19 36 death
PE	rly ate	6. DATE OF BIRTH (month, day, and year) WWC Z J J & J U Z AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
4	stated properly certificat	21 + 45 9 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca
S	pr pr cer	8. Trada, profassion, or particular	were as follows:
HIS	be of	SAWYER, BOOKKEEPER, etc.	Accidently drowned in the
H	ould may back	9. Industry or business in which work was done, es SILK MILL,	Pocomoke River while fishing
K-	4	SAW MILL, BANK, atc.	in said river. accidentally fell from bout u
Z	E sat it	11. Totel time (years) this occupation (month and 36 year)	fishing for shad in Pocarroke Rien outer
5 NG	AG tha	Va la a constant de la constant de l	Other Contributory Causes of importance:
DI	so ucti	12. BIRTHPLACE (city or town)/	Acting as Cororner an inquest
FA	oplied. AGI erms, so tha instructions	E 13. NAME C. J. Blockevell	was not deemed nessasary.
5	45 %	II // -7/ /	Nama of operation
H	y sı ain Se	[4. BIRTHPLACE (city or town) At the Constant (State or country) The way for the country)	Whet test confirmed diagnosis? Wes there an autopsy?
NII.	rull	15. MAIDEN NAME Mary Bed story	23. If daath was due to axternal causes (VIOLENCE) fill in also tha following:
	are I in	16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Accident Date of Injury 4/6
E	ATH port	∑ (State or country)	Where did injury occur? Pocomoke River, Warestar Co. (Specify city or town, county and State)
AIN	d b DE/	17. INFORMANT & Been true	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
PL	should OF D	(Address) Jemperece do la Vo	RIVER In Pocomoke River In industry
回	sh O E V si	12. BURIAL, CREMATION, OR REMOVAL	Manner of injury . Drowned; accidentally fell from lost
RIT	ion USE	Place Date Date 19	Natura of injury Accidental shownings
-WI	CAUS TION	19. UNDERTAKER L. D. Beeretreng	24. Was disaasa or injury In any way ralated to occupation of deceased?
60		(Address)/Jourperoceanologio	If so, spacify Justice of the
)-ind	The same of the sa	TO A A A T PIC	I was a later Dance Catter

(Yaar)

Date of enset

_____yrs.______ds.

Y. That I attanded deceased from

n inquest Data of..... ---- Wes thara an autopsy?----Il in also tha following: Date of Injury 4/6. 136 .. River, Warestr Co., md. town, county and State)
OME, or in PUBLIC PLACE. Riger In industry. no ation of deceased?. stice of the

Registrar.

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Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Tay Hay		*	

1. PLACE OF DEATH	CERTIFICATE OF DEATH 4471
County Worlealer	Registration Dist. No. 352
Village or City (Plan Lolly Ind.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	. 2 Lds. How long In U.S. If of foreign birth?yrs mos ds.
2. FULL NAME Elane P Banney	
(a) Residence: No. Olean bity md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Dev) (Yeer)
Sa. If merried, widowed, or divorced	
HUSBAND of (or) WIFE of	22. CHERERY CERTIFY. That I attended deceased from
	Mest saw h Chalive on Aller 15 696 deeth Is said
6. DATE OF BIRTH (month, day, end yeer) Aug 2 1934 7. AGE Yeers Months Devs If LESS than	to heve occurred on the date dated above, et 25
7. AGE Yeers Months Deys If LESS than 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows.
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Bracker opie
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et	70 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
work wes done, es SILK MILL, SAW MILL, BANK, etc.	the transha-prelumonia was fire- 1/
11. Total time (yeers) spent in this yeer) 12. Total time (yeers) spent in this occupation	morg, following a cold.
12. BIRTHPLACE (city or town) Oriale (State or country)	Other Contributory Causes of importence:
I Val 0 -	Neme of operation Date of
[Stete or country]	
	What tast confirmed diagnosis? Wes there en eulopsy?
Ε	23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Machine Trade) (Stete or country)	Where did injury occur?
17. INFORMANT MM Pearl Coallins	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	Menner of injury
Piece Quisla Com Dete Ohl 2 7 , 19 3	Neture of injury
19. UNDERTAKER James of Stewart	24. Was disease or injury in any wey releted to occupation of deceased?
(Address) Salalung and	If so, specify The State of the
20. FILED	(Signed) M. D. M. D. (Address) Access Charles
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore, Requesting V. S. No. 1.

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis			1 week ago
190 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THORAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	- 11
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; if cupation is very im ortant, so that the relative health sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Salesman. Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Drs-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiluria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atta is e cent.al and must be obtained before the certificate is

rmanently filed

>as Cacdident; Revolver wound of head-homicide; Poisoned by 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of American Medical Association.) (Recommendations on statement of cause of 'as fracture of skull, and consequences (e. g., sepsis, telephus) may be stated under the head of "contributory." catolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus,
"Uraemia," "Wenkness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The eontributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-It tais certificate is looked over thoroughly and all questions .. (name origin; "Cancer" is less definite; avoid Committee on Nomenclature etc. The contributory Always qualify all Measles; of the death

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	106-00 100 10 10 10 10 10 10 10 10 10 10 10
County Marcestery	Registration Dist. No. 3-50
Village or City to come locket	No. St., Ward
Length of residence In city or town where death occurred yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) see
2. FULL NAME Sesaulealt	leerse
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 SEX 4. COTOR OR RACE 5. SINGLE, MARRIED, WIDDWED, ORDIVORCED (The word)	21. DATE OF DEATH 2 3 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Ihat I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Not become	I last saw h elive on Africa 18 193 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebove, at 5000 m.
close to 80 - f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEFFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
D Work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased lest worked at this occupation (month and spent in this occupation coupetion	aphene
10 . 0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Barrellalia
13. NAME / Cout River	Direction: ton dever Cure of
13. NAME Out Nicous	Name of operation . Date of
(Stete of country)	What test confirmed diegnosis? Was there an autopsy?
T 15. MAIDEN NAME	23. If death was due to externel causes (VIDLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, f9
(State or country)	Where did injury occur? (Specify city or town, county and State)
f7. INFDRMANT	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18, BURIAL CREMATION, DR BEMOVAL	Manner of Injury
Ho have Hell Coerce Date Up 23, 1936	Neture of injury
19. UNDERTAKER Ballord Bros	24. Was disease or Injury in any way related to occupation of deceased?
(Address) focomolia lety und	If so, specify
20. FILED april 23 1986. John J. Riller	(Signed)M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	Example II		
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Arteriosclerosis MAY 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitul nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYL	AND-CER	TIFICA	TE	OF	DEATH
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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Worcester	Registration Dist. No. 33
Village or City Pocomoke City.	NoSt.,Ward
Length of rasidence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Silas -ee Colona	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widower	21. DATE OF DEATH April 6 193 6 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WHEE of wildred Woolf Colona.	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) May 11th. 1908	I last saw h 1m a Doud April 7 ,19.36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
27 11 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importenca were as follows:
	Accidently drownded in
8. Trada, profession, or particular kind of work dona, es SPINNER, Laborer (Farm)	Pocomoke River, while fishing
9. Industry or business in which work was done, as SILK MILL,	In said river. accidentally fell from
SAW MILL, BANK, etc.	boats while fishing for shad, in Poconske
this occupation (month and 1936 spant in this occupation	River Carff
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) ACCOMAC County (State or country) Virginia.	
13. NAME Henry W. Colona 14. BIRTHPLACE (city or town) PRESENT County	
14. BIRTHPLACE (city or town) Norcester County (State or country) Naryland.	Name of operation
	What test confirmed diagnosis?
I DETERMINE	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
[State or country] 16. BIRTHPLACE (city or town) ACCOMAC COUNTY VIRGINIA.	Accident, suicida, or homicida?Accident pate of injury4/636; 19-3
Mmg dillia Colons	Where did injury occur? POCOMORO FILTURE T County, and State)
(Addrass) Pocomoke City Md. F. F. D.	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. River In industry In Pacamaka River
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury Drowned: asside tally fell from bonton
Placa Deemeke Gity Mate April 7th 1936	Neture of injury Occidental drowning
Nauge P St. 150	24. Wes disaase or injury In any wey ralatad to occupation of decaased?
(Addrass) Tocomoke City Naryland.	if so, specify Justice of the
Blind 7 36 looks T. P.	(Signed) for J. Reley, Peace, Acting. D.
20. FILED Registrar.	(Address) Pocomoke City . md. Cororner

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: 9867	Date of onset	The principal cause of death and related causes of importance were as follows:	
11/1ter to setter to set	915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis :	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BEREAU V S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

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LA	pli	[]	ry
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every ite, of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
TE	n s	SE	.52
K	10	5	Z
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STATE OF MA	RYLAND-CEI	RTIFICATE	OF DEATH
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1	100	100
44	-1	3

	1. PLAC	CE OF D	EATH			7	
	Coun	ty Wor	cester		WITHIN COM	Registration Dist. No.	50
1			Focomoke In city or town where			No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs. m	
	2. FULI	L NAME	Ellen Gr	ockett		If U. S. Veteran, specify WAR	
	(a) F	Residence: N	lo	(Usual place		St., Ward. If nonresident give city or town and	State
	PEF	RSONAL	AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
H.	sex emale		olor or race Thite	5. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Pocomoke City April 13th. (Month) (Day)	, 1936 • (Year)
5a	HUSBAT (or) WII		divorced			22. Ohi HEREBY CERTIFY, Thet i attended to the state of t	depeesed from
6.	DATE OF	BIRTH (month	h, day, and year) Mg	rch23rd.	1932.	liast saw h ER alive on Africa 13, 1936	; deeth is seid
	AGE	Years	Months	Days	If LESS than	to have occurred on the date steted above, a 2 4 5 P em.	
_	1	4	**	21	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
NOI	8. Trad	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDD KKEEPER, etc. None			MEastra	4/2/36	
CUPATION	9, Indus	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.					-/
000	1D. Date	deceesed las his occupetion ear)	t worked et (month and	spe	ime (years) nt in this upetion		
12		ACE (city or to or country)	own) Salish Maryla			Dther Contributory Causes of Importance:	4/10/36
IER.	13. NAM	E Jame	s M. Croc	kett			
FATHER	14. BIRT	HPLACE (city	76.0	omoke Ci	ty	Name of operation Date of	
_	(State or count		eryland.		Whet test confirmed diagnosis? Wes there an	autopsy?
MOTHER	15. MAIL	DEN NAME		ınds	1	23. If deeth was due to external couses (VIDLENCE) fill in elso the following	
MO	16. BIRT	HPLACE (city Stete or coun	or town) Same	erset co	unty	Accident, suicide, or homicide? Date of injury Where did Injury occur?	
17	. INFORMA (Addi	NT Jame	es M.Crocomoke Ci	kett ty.Marvl	and.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18			DR REMOVAL		15th , 1936	Manner of injury	
19	. UNDERTA	Va	nout:	Stev ty, arvi	euson	24. Was disease or injury in any wey related to occupation of deceased?	IONE
3	, FILED	W. K	19.36 /	hn J. 1	Reley Restrar.	(Signed) (Signed) (Address) OLOH TRE CITY II	, M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage, HIDEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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of infor-

STATE OF MARY	LAND-	CERTIFICATE OF DEATH	130
1. PLACE OF DEATH		(46-72)	563
County Horcesta	V	Registration Dist. No. 35	<i>[</i>
Village or City Mewars	6	NoSt.,	Ward
Length of residence in city or town where death occurred.		death occurred in a horpital or institution, give its NAME instead of street and number of the s	
2. FULL NAME Mallie John	of Al	enmes is X	
(a) Residence: No.	Murah	h st. I sware usfand	
(Usual place of		if nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
		21. DATE OF DEATH Will. 27	193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of Tauslar Rennie	s	22. 1 HEREBY CERTIFY, That I attended d	aceased from
m a	12/2	Jan 136 10 Upr 27	1926
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Pays	If LESS than	to have occurred on the dete steted above, at 12 A m.	death is said
7 (- 11 11	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	ormin.	ware as follows:	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Lasermana 12	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, atc.	rila	a 0 1 t	
Chall I Date deceased last worked at		Colon (Viensura)	
this occupation (month and 5 yrs. spent i occupa	n this		
12. BIRTHPLACE (city or town) Messar	6,	Other Coutributory Causes of importance:	
(State or country)	md.	Chr. Int nichral	10
13. NAME Kahert Jowell			
13. NAME Report Sowell 14. BIRTHPLACE (city or town) New Ash		Name of operation Date of	
(State of country)	ma	What tast confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME Mary Box	wen	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or coupley)	ark.	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	md	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Mrs. Drawf Holl (Addrass) Sellyville	Delvorth	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	DE.
18. BURIAL, CREMATION, OR REMOVAL Bauen M. E. Cemetery Place Rewarts and Date afects.	il 2919 36	Manner of injury	
19. UNDERTAKER Mrs. M. Pasha	Hatson	24. Was disease or injury in any way ralated to occupation of dacaase	
(Address) Selbyrille	Del.	If so, specify	7
20. FILED 4/28/ ,1936 & ELOG DU	Registrar.	(Signad) (Address) B	M. D.
/		(

If more blanks dre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example F		Example II	
The principal cause of death and related causes	Onte of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1636-12 1636-12 1636-12

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X	4)	()	

	OF DEATH			213-0	-0
Village o	City Pocomoke	The state of the state of	(1	Registration Dist. No. No. St., f death occurred in a horpital or institution, give its NAME instead of street and nun s. ds. How long in U.S. if of foreign birth? yrs. mos.	Ward
2. FULL N	AME Lora Fra			If U. S. Veteran, specify WAR	
(a) Resid	lence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and Ste	ate
PERSO	NAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE White		RIED. WIDOWED. O (write the word) d	21. DATE OF DEATH April 6th. (Day)	93_6 (Yeer)
5a. If marriad, wid HUSBAND o (or) WIFE of		rden		22. I HEREBY CERTIFY. That I attended dec	ceasad from
6. DATE OF BIRT	H (month, day, end year) A	oril 20th	.1882.	Hast saw h im and on April 17	saath is said
7. AGE	Yaars Months	Days	If LESS than	to heve occurred on the dete steted ebove, etm.	
A STATE OF THE STA	53 11 ofassion, or particular of work done, as SPINNER, ER, BOOKKEEPER, etc	16	l dey,hrs.	mare as tollows.	Date of onset
10. Date decithis or year) 12. BIRTHPLACE (State or o		ke City,	me (yaars) nt in this Life	in said river. Accidentally fell from twhile fraking for shed, in Pocomeka The Other Contributory Causes of importance: Acting as Cororner an inquest Was not deemed nessasary.	veas
14. BIRTHPLA (State	Joshua Dryde CE (city or town) POCE or country) Naj		.y.,	Name of operation Dete of What tast confirmed diagnosis? Wes there an auto	Dpsy?
16. BIRTHPLA	NAME Delia Twi ACE (city or town) Pocon or country) Nary		r	23. If death was due to externel ceusas (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Accident Dete of injury 4/6. Where dld injury occur? Pocomoke River, were the	
(Address)	Pocomoke Cit	den v. Maryla	nd.	Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE River in undustry in Pocomole Rives	
Placa	AUON OR REMOVAL met	Steve	17th, 19 36	24. Was disease or injury in any way related to occupation of decaased?	10
20. FILED	Locomoke Cit	John T.	Religitrar.	(Signad) The Jacky Peace, acting (Addrass) Core	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
62		A	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4481
1. PLACE OF DEATH	
county Worcester.	Registration Dist. No. 355
Village or City Barlin	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary J. Franklin.	
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 19, 1856	A lest saw h alive on aby 1936; death is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete steted above, et 12 20 m.
80 0 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc.	Date of oneset
9. Industry or business in which	Duration: not stated a Quito
work was dona, as SILK MILL, SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town). Maryland.	Other Contributory Canses of importence:
(Stata or country)	Amuly
14. BIRTHPLACE (city or town) Maryland	
14. BIRTHPLACE (city or town) Many (State or country)	Neme of operation Dete of
(State of country)	Whet test confirmed diegnosis? Wes thera an eutopsy?
15. MAIDEN NAME Sarah E. Chaney 16. BIRTHPLACE (city or town) Mississippi	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
★ (Steta or country)	Where did injury occur?
17. INFORMANT Dr J. G. Pranselin	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Buckingliam Dete Mpril 6, 1936	Neture of Injury
19. UNDERTAKER J. W. Burboge (Address)	24. Was disease or injury In eny way releted to occupation of deceased?
20. FILED 4-5-, 1936 Helen B. Haywa	(Signed) Maching Tone M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1- : V C.	11	Example II	
The principal cause of death and related causes of importance were as follows: 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Distribution of the Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	it	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance.	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ital of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4489
1. PLACE OF DEATH	3
County Warresting 1	Registration Dist. No. 35/
Village or City Durw Yul	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Doly pusou	If U.S. Veteran specify WAR
(a) Residence: No. Sulver Till mil	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
hale right Duyle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I H.EREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ofr 14 36	, 19 0 , to 9 14 , 19 0
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	ware as follows: Date of one of
8. Trada, profession, or particular kind of work dona, as SPINNER, A SAWYER, BOOKKEPER, etc.	Bring for de 1 9.1
9. Industry or business in which	To the was over all of the
work was done, as SILK MILL, SAW MILL, BANK, etc	2- weeks Diesering
10. Date deceased last worked at this occupation (month and spent in this	- week forcom
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Driver (Fiel	Other Conditionary Causes of Importance.
(State or country) ned	
13. NAME Through Coolin 14. BIRTHPLACE (city or town) First Hill	
14. BIRTHPLACE (city or town) Furn Hiel	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Tilda Armson	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town) From Hell	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Whera did injury occur?
17. INFORMANT Hilda Alfriconi (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Doplies Churtery Date 17 15 , 1936	Nature of injury
19. UNDERTAKER Stalla Soluson	24. Was disease or injury in any way related to occupation of deceased?
(Address) Swowfill. my	If so, specify A
20 545 4/187 236 PE Page Secret	(Signed) Dey h felling M. D.
20. FILED 7/10/ 19.20 N Charles Delle Registrar.	(Address) Sucred Hell & mg

If more blankfare needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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-	Example I		Example II	
The principal cause of importance were	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial net	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUINEAU V. S.	July 5,1927	Peritonitis	3 days ago
	· cont			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

S. No.

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Example I	. 9	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Bases of the same	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-60
County Worces les.	Registration Dist. No. 332
Village or City Berlin.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmes	15 ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Masella T. Me Ca	be if U. S. Veteran, specify WAR 18-07 }
(a) Residence: No. Ropana Del. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of A. But Mc Cake.	22. MARCH 30 1036
6. DATE OF BIRTH (month, day, and year) April 22, 1869	I last saw h S alive on 7 , 195 6; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
66 // /5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence wera as follows:
8. Trada, profession, or perticular kind of work done, as SPINNER.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done as SILK MILL	Heur Collia / Kangs our da
work wes done, es SILK MILL, Arcesewge	
10. Date dacased last worked et this occupation (month end ///36 spent in this 3 Dynamics)	
12. BIRTHPLACE (city or town) Delaware. (State or country)	Other Contributory Causes of Importance:
13. NAME Caleb Schware 14. BIRTHPLACE (city or town). Delaware	Name of oparation Dete of Dete
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Matilda Lynch. 16. BIRTHPLACE (city or town) Delaware.	23. If daeth was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Delaware.	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Ms. Clara Wintrow (Addrass) Berlie Ms.	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Arrana, Del Date April 10,193	Natura of injury
19. UNDERTAKER J. W. Busbage (Address) Berlin Med:	24. Was disease or injury in any way related to occupation of deceased?
20. FILED april 8, 1936 I V Mun Pool	(Signed) M.D. (Addrass) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis MAY 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Enganger and Edge in confidence of the Confidenc			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4486
1. PLACE OF DEATH	(131)
County Worcester.	Registration Dist. No. 355
Village or City Berlin St. Martins	No. St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance In city or town whare death occurradyrs,mos	
2. FULL NAME Struck 13. onitche	If U. S. Veteran, specify WAR.
(a) Residence: No. Berlin (St. Martins (Usual place of abode)	P. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX J. Color OR RACE J. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Olilary Mitchell	22. I HEREBY CERTIFY, That I attanded decaased from
6. DATE OF BIRTH (month, day, end year) Feb. 27. 1857.	I last saw here alive on Off 6 , 1836; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated bove, at 3. P. m.
78 / 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Brehral Harmonkon
work was done, as SILK MILL, ousewife	
this occupation (month and year)	
12. BIRTHPLACE (city or town) Mary land.	Othar Contributory Causes of importanca:
(State or country)	ep. riph.
II 13. NAME - nock.	
13. NAME Noch.	Name of operation
(Stata of country)	What tast confirmed diagnosis?
15. MAIOEN NAME / ary Griffin	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Mary Griffin 16. BIRTHPLACE (city or town). Maryland.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT It Willier Miletelle. (Address) Chin cottague, a.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place vergreen Cem. Date / 4/11/0/19 36	Nature of Injury
19. UNDERTAKER J. W. Burbage (Address) Serlin had.	24. Was diseasa or Injury In any way ralated to occupation of deceasad?
20. FILED 4-9- 1996 Helen J. Haywar	(Signad) M. D. M.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of infor-

STATE OF	MARYLAN	D-CERTIFICATE	OF	DEATH	4400
----------	---------	---------------	----	-------	------

1. PLACE OF DEATH	(E) V
county Worcester	Registration Dist. No. 35-2
Village or City Berlin	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
41	
	Vrus If U. S. Veteran, specify WAR
(a) Residence: No. Derlin Major (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH JULY 26 - 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Tear)
HUSBAND OF Hattie Marris	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 8, 1853	I last sow bis alive on after 26 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.30 Pm.
80 // /8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Date of orient
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Prente Myscardits
9. Industry or business in which work was done, as SILK MILL, / Lettered SAW MILL, BANK, etc.	Create Troys was
10. Date deceased last worked at 11. Total time (years)	0
this occupation (month end / 9 2 0 spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
(Stete or country)	Cha. nefhrelie
13. NAME James S. Marris	
13. NAME Ames O. Marsus 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Georgeans Jasses 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mas Halle Marris (Address)	Specify whether Injury occurred In INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place O Men Ma Date Class, 1, 19 3k	Nature of injury
19. UNDERTAKER L. W. Burtage	24. Was disease or injury in any way related to occupation of depeased?
(Address) / Bushin I and	If so, specify
20, FILED apr 29 1976 I V Michael	(Signer) M. D.
Registrar.	(Address)

If more blanks are needed addrest State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborcr" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows:-Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephrilis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

of OCCUPA-

of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4488
1. PLACE OF DEATH	
county Worses les	Registration Dist. No. 355
Village or City Slamwells.	
(If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Maria & Gerden	2 If U. S. Veteran, specify WAR
(a) Residence: No. Showells Mid	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Charles (with the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WiFE of William Smuth Gerdue	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 11, 1852	I tast sawhen aliva on Au 12 1926 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8. P. m.
83 // / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8 Trade protection or particular	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebrol
9. Industry or business in which work was done, as SILK MILL Returned Housewife SAW MILL, BANK, etc	conver
	Hoemerhose.
O Date deceased last worked at this occupation (month and /9 2 0 occupation occupation occupation)	
year) Occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Maryland	
(State or country)	
I 13. NAME William Walnus.	
13. NAME William adhius. 14. BIRTHPLACE (city or town) Maryland.	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth & hagee	23. If death was dua to external causes (VIOL ENCE) fith in also the following:
16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide? Date of injury19 Where did injury occur?
17. INFORMANT Mrs. C. S. Perdue. (Address) Llayello. hid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Evelpeen Cem Date April 14, 1936	Natura of injury
19. UNDERTAKER Busbage (Address) Berlin Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4-14-, 1936 Helen F. Haywar	(Signed) Kao R. Jav. M. D. (Address) State

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: AY 5 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state of infor-Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item be properly classified. MON is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. Ë

MARGIN RESERVED FOR BINDING

V. S. No. 1

SIAIE (JE MARYLAND-	CERTIFICATE OF DEATH	4483
1. PLACE OF DEATH		210-me X	319
County Warlest	a.	Registration Dist. No	.032
Village or City Serl	in And	No. death occurred in a hospital or institution, give its NAME instead of	St., Ward
Length of residence in city or town where	daath occurredyrsmos	How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME W/CUL	and free	If U. S. Veteran, specify WAR	
(a) Residence: No. /3-4	lin my	St., Ward.	
	(Usual place of abode)	If nonresident give city	The same of the sa
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF E	EATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIEO, W100WED, OR DIVORCED (write tha word)	21. DATE OF DEATH 28 (Month) (Da	7 , 193 (Yeler)
5a. If married, widowed, or divorced HUSBAND of	.,_	22. I HEREBY CERTIFY. That	1
(or) WIFE of		22. I HEREBY CERTIFY, That	
A DATE OF DIRECTOR AND ADDRESS	Dec. 4, 1929	last saw h alive on	
6. DATE OF BIRTH (month, dey, and year) 7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at	
6 4	2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impo	
8 Trade profession or particular	2 7 ormin.	were as follows:	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc.		GOD Sout tous MI	Mu.
9. Industry or business in which	, _	x 1 1 2 2	200
work was done, as SILK MILL, SAW MILL, BANK, atc		rewell Burken	week.
10. Date deceased lest worked et this occupation (month and	11. Total tima (yaers) spant in this	Crehand Macter)	electe
year)	occupetion	Other Contributory Causes of Importance;	
12. BIRTHPLACE (city or town)	rd,	Other Country Cause of Importance.	
(Stata or country)	9 9		
13. NAME // Lug Mon	id Muntt		
13. NAME // Leg Mos		Name of operation	Dete of
(State or country)	ma	What test confirmed diagnosis? W	as there en autopsy?
15. MAIDEN NAME FOR	thuson	23. If deeth was due to external ceuses (VIOL ENCE) fill ingelso	the following:
15. MAIDEN NAME JOHN 16. BIRTHPLACE (city or town)	0	and a hour	iury 4/58 1936
(State or country)	md,	Where did Injury occur? Berling ()	red
17. INFORMANT Cayour	and Mount	(Specify city or town, co Specify whether injury occurred in INDUSTRY On HOME nor in	unty and State)
(Address)	This and	Pueblic teigles	way/
18. BURIAL, CREMATION, OR REMOVAL	(2. 1	Menner of injury Motor Valled	40
Place Evergreen	Oete Jul 30, 19 36	Nature of injury Bushen Heart x	Fraction Stud
19. UNDERTAKER J. W. Yo	Burbons	24. Was disaase or injury in any way related to occupation of d	1
(Address)	elin mis	If so, spacify	e liver)
20, FILEO april 30 1936 Il	+ Muniford	(Signad)	DIRAL M.D.
20. FILEO. While 30, 1936 & C	Dep Registrar.	(Aggress)	Ocean Barra
If mor	e blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	To to to

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 4 1936	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		La contraction of the contractio	

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of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4491
1. PLACE OF DEATH	93-0
County Worcester	Registration Dist. No. 35/
Village of Char Gnow Hill	No. St. Ward
1 n (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or lown where death occurred yrs mgs.	ds. How long in U.S. If of foreign birth?mosde
2. FULL NAME (lementine C phoofel)	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
female White OR DIVORCED (write the foord)	GMU 18 1930
5a If married widowed or divorced?	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet I attended decessed you
1011 - 1 1	26 1 0 0 10 CEDS 18 2/ 0 C
6. DATE OF BIRTH (month, day, and year)	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, atm.
63 6 / 6 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causas of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER focuseurs	errone gocarales:
kind of work done, as SPINNER focuseurs SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK AIL BANK AIL	
work was dane, as SILK MILL, Ownstone	
10. Date decaased last worked at this occupation (month and 1936) 11. Total tima (years) spent in this 40 / 10 occupation	
year) occupation occupation	Other Castributory Spuses Limportanca:
12. BIRTHPLACE (city or town)	Glade
(State or country)	1
14. BIRTHPLACE (city or Jown) - Marty County	V
14. BIRTHPLACE (city or Jown)	Name of operation
(State of country))	What tast confirmad diagnosis? Was there an eutopsy?
15. MAIDEN NAME TRANS OF LAY GOODS 16. BIRTHPLACE (city or town)	23. If death was due to external eagses (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) - THORIS COMP	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT 1100 O. Y. J. Mings	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Manu Hall Mid H. H.D. 2	
Place M. Oline Conf. Data Mil 20 1936	Manner of injury
7/2-2 2 1	Nature of injury
19. UNDERTAKER ASSEMBLE + STATES	24. Was disease or injury in any way ralated to occupation of daceased?
4/3 D >1 PED	(Signed) Clafford Carolle M.
20. FILED 7/20, 1936 Coy Suller Registrar.	(Address) Hewark mi
-	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example 1	11	Diample II	
of importance were	of death and related causes:	13	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 4 1980	July 5,1927	Peritonitis	3 days ago
	BURGAU V. S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

of infor-

STATE OF	MARYI	AND—CERTIFICATE	OF DEATH
JIAIL			OI DEAL

1	. PLACE O	F DEAT	тн			948	32
	County	once	ester		. ن وجور	Registration Dist. No.	50
	Village or C	City P	comoke	City		No. St	Ward
1						death occurred in a hospital or institution, give its NAME instead of street and re- ds. How long in U.S. if of foreign birth?yrsme	
2	FULL NA	ME.I	illian S	Sidney S	tevens	If U. S. Veteran, specify WAR	
	1			(Usual place of		St., Ward. If nonresident give city or town and	State
	PERSON	AL AN	D STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	ex ale	4. colo	R OR RACE	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH POCOMOKE City April 20th. (Month) (Day)	, 193_6
	If married, widow					(Worth) (Day)	(Year)
		Lilli		Stevens		22. I HEREBY CERTIFY, That I attended 4/20/36	, 19
			, end year) $\mathbb{R} \in \mathbb{R}$	1	th.1870		.; death is seid
7. /	AGE Yes	ars	Months	Days	If LESS than I day,hrs,	to have occurred on the date stated above, at 9.5 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	\$ 6	4.5	2	1 1	ormin.	were es follows:	Date of onset
NO	kind of	ession, or pa work done,	as SPINNER, IL PER, etc.	tired T	eacher	Commonwey throughout	
UPATION	SAWYER 9: Industry or			, o # # o cc #	00001101	Coronary thrombosis.	
UP	work wa	s done, es S LL, BANK, a	SILK MILL.				
bod	A Salamania		ked at Nov. nth and 1934	11. Total ti	me (yaars) Abou t in this OYPS	5	
-						Other Cantributery Canees of importance:	
	(State or cou		Paryl				
IER	13. NAMEL . S	idne:	y Steve	ns			
FATHER	14. BIRTHPLACI	E (city or to	wn) Poco	moke Cit	5y	Name of operation Date of	
_	(Steta o	r country)	ده الله	aryland		What test confirmed diagnosis? Wes there an a	utopsy?
HER	IS. MAIDEN NA	AME ILS	ry Elle	n Truit	t	23. If death was dua to external causes (VIOL ENCE) fill in also the following	
MOTHER		E (city or to	wn) 10001		У	Accident, suicide, or homicide? Data of Injury	, 19
17.	INFORMANT	.H.St	gevens			Whare did injury occur? (Specify city or town, county and Stat Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	e) ACE.
18	(Address) L BURIAL, CREMA	- V V 8111		, Maryla	.11(1.		
	TOBULLO	d whith	Gity:	Pate LT . 2	2nd 19. 26	Manner of Injury	
19.	UNDERTAKER (Address)	eru ocomo	out its	Store	nd.	24. Was disease or injury In any way related to occupation of deceased?	No
20.	FILED OF	2/	1936, /1	m T.K.	Registrar.	(Signad) Collar Action (Address) Pocomoke City, Md.	

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAY 4 1836	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage PREATIV. S.	July 5,1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-	4 2 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	state UPA.	1. PLACE OF DEATH	4493
(The		county le orceales	Registration Dist. No. 35/
MI	5 2	Village or City 9 rolleting	No. St. Ward
	.= 0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	NS ent	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
	Every CIANS ement	2. FULL NAME lolora May larr	If U. S. Veteran, specify WAR
	TD. YSIG	(a) Residence: No.	St., Ward.
	5 H	(Usual place of abode)	If nonresident give city of town and State MEDICAL CERTIFICATE OF DEATH
	H	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	r r Y. E	OR DIVORCED (write the word)	afril 1936
Ö	T L ed.	5a. If married, widowed, or ofworced	(Month) (Day) (Year)
BINDING	Z O E	HUSBANO of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
S	EXA class	Glorae Vav.	1936, to 5,1936
BI	E E	6. DATE OF BIRTH (month, day, and year) May - 1 188	I last saw harmalive on
24	- CO	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
FOR	IS A stated proper	07 // O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were its follows:
_	HIS pe s pe lo of co	8. Trade, profession, or particular kind of work done, as SPINNER, Hand Lulia SAWYER, BOOKKEEPER, etc.	group of
回回	TH d p d p ky p		nepro
RV	should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SE	Sh it sh	Date deceased last worked at this occupation (month and 2 per 11. Total time (years) spent in this	
RESERVEI	AGE THAT that	year) occupation occupation	Other Coutributory Causes of importance:
	NFADING pplied. AGE erms, so tha instructions	12. BIRTHPLACE (city or town) Gangles	Other Countries Causes of Importance.
MARGIN	AD ed. s, s	(State or country)	
R	UNFA supplied n terms, ee instru	13. NAME Tavin of fredoor	
MA	Sup Sup See	13. NAME Transfer of the state	Name of operation.
	T feld	(State of country)	What test confirmed diagnosis?
	carefully ortant.	15. MAIDEN NAME 2 116 Button 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
	INLY, Willer Careful EATH in gimportant.	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury,19
	AINLY, d be cal DEATH y import	(State or country)	Where did injury occur?(Specify city or town, county and State)
	Id Id DE y i	17. INFORMANO Jeonge Jan	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D	(Address) Suddatree Mg 18. BURIAL, CREMATION, OB REMOVAL	Marcaret
0		Place Gralletin Date april 3 1986	Manner of injury
U	-WRITE mation s CAUSE TION is	H	Nature of injury
	CA	19. UNDERTAKER / Yell Ond	24. Was disease or injury in any way related to occupation of deceased?
S. No. 1	# (R)	4/3/ 3/ PCD 8 -1-	If so, specify (Signed)
, N	z	20. FILED 1996 Thou Dull Registrar.	(Address) San Lot To
			2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example C		Example II		
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Arteriosclerosis	S 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis SURGAU	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

item of infor-	should state	of OCCUPA-	\
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
THIS IS A PE	ould be stated E	may be properly	ack of certificate
UNFADING INK	upplied. AGE sho	terms, so that it i	e instructions on b
PLAINLY, WITH	nould be carefully s	F DEATH in plain	TION is very important. See instructions on back of certificate.
B.—WRITE	mation sh	CAUSE	TION is

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	449
EATH					

1. PLACE OF DEATH	(19)
County Worces les.	Registration Dist. No. 352
Village or City Berlin	NoSt.,Ward
Langth of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary M. Jaylor	If II S Votoron enocify WAD
6 1	If U. S. Veteran, specify WAR
(a) Residence: No. Serling, My (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW OR-DIVORCED (abrite the w	YED, rord) 21. DATE OF DEATH (Month) 26 , 193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) Que 2, 193	6 . I last saw h aliva on, 19; death is said
7. AGE Years Months Days If LESS	
3 2 5 1 day,m	THE I KINCH AL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Marasuus
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
Date deceased last worked at 11. Total time (years) this occupation (month and spent in this	Primary Course: Startingenterities Question
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Matryland (State or country)	Other Countributory Cases of Importance.
13. NAME alfred Taylor	
13. NAME (lfred agrow) 14. BIRTHPLACE (city of town) Maryland	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Verguna Jullen	23. If deeth was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Verguna Julen 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS CHEEN SUGGEST (Address) By A. Mary Mary Mary Mary Mary Mary Mary Mary	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place heavarls Date Softral 281	19.36. Nature of injury
19. UNDERTAKER J. W. Beerbage (Address) 3.27	24. Was disease or injury in any wey related to occupetion of deceased?
20. FILED Cepr 28, 1936 & V Munford	(Signed) M.D.
	W. T.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	RECO	. PH	Exact	
	N. B.—WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	2MA	XA	clas	
	PEI	Œ	·ly	ate.
	IS A	stated	proper	TION is very important. See instructions on back of certificate.
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	L	pine	may	ack
	INK	she	it	on I
	NG	AGE	that	suo
	IDI	d.	, 50	ucti
	NF	plie	erms	instr
	HU	dns	in te	See
	VIT	ully	pla	ţ.
	Y, V	aref	H in	rtan
	E	be c	TVE	mpo
	LAI	plu	F DI	ery i
	E F	sho	E 01	is ve
	/RIT	tion	INSI	NO
	H	ma	CA	TI
	I. B.		(1
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4495
1. PLACE OF DEATH	123
county worces lir.	Registration Dist. No. 355
Village or City Newark.	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Marth. m. Jande	
	L If U. S. Veteran, specify WAR
(a) Residence: No. Yewark ma (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Hurale will married.	(Month) (Oay) (Year)
5a. If married, widowad or divorcad HUSBANO of	22. I HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of James Trader	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Dov. 24, 1911	I last saw he alive on Of 10, 1036; daath is said
7. AGE Years Months Oays If LESS than 1 dayhrs.	to have occurred on the data stated abova, at
24 4 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	
	anne all
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Housell IB
10. Oata dacaasad last workad at this occupation (month and spant in this	Probably tuberculosis. Geofa.
yaar) occupation occupation	Other Contributary Causes of importance: Devotion & Lenknown
12. BIRTHPLACE (city or town) Maryland. (State or country)	Physician was called, only in last few weeks
	of patients illosas. From history de sonsidered
E 13. NAME & aufron West.	- it justicity tuberculous
14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of
15. MAIOEN NAME Posa Lee Parker	What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to axternal causas (VIOLENCE) fill in also the following:
15. MAIOEN NAME (Josa Lee Carker 16. BIRTHPLACE (city or town) Mary Laurd	Accidant, suicide, or homicide? Oate of Injury 19
E (Stata or country)	Where did injury occur?
17. INFORMANT Mr. Saus west	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
(Addrass) mewark, his.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Con Oata 14 Mar 1419 36	Natura of injury
19. UNOERTAKER . W. Burbage	24. Was disaasa or injury in any way ralated to occupation of occased?
(Addrass) (3 rline rad	If so, spacify
20. FILED 4-12, 1996 Stelen J. Haywara, Registrar.	(Signad)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAY 5 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

CAUSE (TION is mation sl -WRITE

m

19. UNDERTAKER.

7 5 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4496
info	1. PLACE OF DEATH County Worchester	(162) WITHIN COMPORATE LINETE ST. 50
should of OCC	Village or City Poromoke	Registration Dist. No.
- 70	(H	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
Every CIANS tement	2. FULL NAME Mary ann Wal	lofo If U. S. Veteran, specify WAR
PHYSIC PHYSIC act state	(a) Residence: No. 403 (Qual place of abode)	St., Ward. If nonresident give city or town and State
RECO. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
L Y	3. SEX Jemse Color OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Or Lower	21. DATE OF DEATH (Month) (Day) (Year)
ACTI assifted.	5a. If married, widowad, or divorsed HUSBAND of (or) WIFE of John Henry Wallop	22. I HEREBY CERTIFY, That I attended decessed from
EXE.	6. DATE OF BIRTH (month, day, end year) 838 Unknown	I last saw h 12 elive on Trul 9 , 1936; death is said
IS A PE stated E properly certificate	7. AGE Yaars Months Days If LESS than 1 dey,hrs.	to have occurred on the data stated above, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
he st be pi of ce	Trada, profession, or particular llnable to work one, as SPINNER, Comerly Domestic	No-physician-in-attendance.
should it may n back	9. Industry or business in which work was dona, as SILK MtLL, SAW MILL, BANK, atc.	she came to her death from
INE E sh t it	11. Date decaasad last worked at this occupation (month and year)	Senile Decay
AGE that that ions o	Masswille	Other Contributory Causes of importance:
d.	12. BIRTHPLACE (city or town) (State or country)	Deceased has been blind for
UNFADING upplied. AGl terms, so tha	II 13. NAME Unknown	several years.
H UNFA supplied ain terms, See instru	14. BIRTHPLACE (city or town) 4,	Name of operation Data of Data of Was thara an autopsy?
Fully a	15. MAIDEN NAME Easter Hickman	23. If daath was dua to external causes (VIOLENCE) fitl in also the following:
INLY, W be carefu EATH in important	16. BIRTHPLACE (city or town). Mappwelle (State or country)	Accident, suicide, or homicide? Date of injury, 19
PPA	17. INFORMANT Polly Selly	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Pl Pr Fer	(Address) 403 Oxford It. Pocomoke, Md	

(0.5.1147)	7		1	007	THE STATE OF THE S
(Addrass)	100	on	PICK	long	. 100
(11001033)					

24. Was disease or injury in any way ratated to occupation of daceased?__.

Registrar.

Mannar of injury

Natura of injury_

If so, specify

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows; of importance were as follows: Arteriosclerosis 1915 Attack of emilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

m Ve in	s plnoy	OCCUF	1
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MANENT REC	ACTLY. P	assified. Exact	
IIS IS A PERI	be stated EX	be properly cl	of certificate.
ING INK-TI	AGE should	o that it may	tions on back
ITH UNFAD	ully supplied.	plain terms, s	t. See instruc
PLAINLY, W	hould be caref	OF DEATH in	TION is very important. See instructions on back of certificate.
V. B.—WRITE	mation s	CAUSE	TION is

STATE OF MARYLAND—CERTIFICATE OF DEATH
--

1. PLACE OF DEATH	92-0			
County Worcesler.	Registration Dist. No. 355			
Village or City John City (1)	No. St., Ward , f death occurred in a hospital or institution, give its NAME instead of street and number)			
	ds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME Patherine West.	If U. S. Veteran, specify WAR			
(a) Residence: No. Berlin R. J. D (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH			
5a, 1f married, widowed, or divorced	(Month) (Day) (Year)			
HUSBAND of Corn WIFE of John J. West.	22. I HEREBY CERTIFY, That I ettended deceased from			
6. DATE OF BIRTH (month, dey, and year) June 9, 1881	Mast saw h Sy alive on 6/27 12 , 193 6; deeth is sald			
7. AGE Yeers Months Oeys If LESS then	to have occurred on the dete stated ebove, atm.			
53 9 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:			
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Culveantite : abrance! surfage			
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	Duration: not stated, custo.			
11. Total time (yeers) spent in this occupetion (month and yeer) 12. Total time (yeers) spent in this occupetion				
12. BIRTHPLACE (city or town) manyland (State or country)	Other Contributory Causes of importence:			
13. NAME Walter arvers.				
13. NAME Walter Urvey. 14. BIRTHPLACE (city or town) Muryland (Stete or country)	Name of operation			
15. MAIDEN NAME MODALATICK Davis.	What test confirmed diagnosis?			
= 1	23. If deeth was due to external ceuses (VIOL ENCE) fill In elso the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?			
17. INFORMANT Mr. James West. (Address) (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury			
Plece Mr Bron Date April 6, 1936	Neture of injury			
19. UNDERTAKER J. W. Burboge (Address) Berlin High	24. Wes disease or injury in eny wey releted to occupation of deceesed?			
20. FILEO. H- 5, 1936 Helen F. Haywo	(Signed) Allow Dorren M. D. (Address) Draw Sud			
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

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Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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